

# Resident Supervision Attending Practitioner Responsibilities

## For all care in which interns, residents or fellows are involved

**General:** All VA care is provided either by a licensed independent practitioner (attending or supervising practitioner) with appropriate privileges or by a resident under the direction of an attending. Documentation of all patient encounters or reports of patient diagnostic exams **must identify the supervising practitioner and indicate the level of involvement.**

### Four types of documentation of resident supervision are allowed:

- 1. Attending progress note** or other entry into the medical record.
- 2. Attending addendum** to the resident's note.
- 3. Countersignature** by the attending implies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry. Reports related to reviews of patient material (pathology, radiology, etc.) must be verified and countersigned by the supervising practitioner. Use of CPRS function "Additional Signer" is **not acceptable** for documenting supervision.
- 4. Resident documentation** of attending supervision. [Includes involvement of the attending (e.g., *"I have seen and discussed the patient with my supervising practitioner, Dr. 'X', and Dr. 'X' agrees with my assessment and plan"*), at a minimum, the responsible attending should be identified (e.g., *"The attending of record for this patient encounter is Dr. 'X'"*)]

#### Inpatient: New Admissions

Attending must see and evaluate the patient within 24 hours.

**Documentation:** An attending progress note or addendum documenting findings and recommendations regarding the treatment plan by the end of the calendar day following admission (no exceptions for weekends or holidays).

#### Inpatient: Continuing Care

Attending must be personally involved in ongoing care.

**Documentation:** Any of the 4 types of documentation, at a frequency consistent with the patient's condition and principles of graduated responsibility.

#### Inpatient: Discharge or Transfer

Attending must be personally involved in decisions to discharge or transfer the patient to another service or level of care (including outpatient care).

**Documentation:** Countersignature of the discharge summary or discharge/transfer note [Note: If patient is transferred from one service to another, the accepting attending should treat the patient as a New Admission – see above.]

#### Outpatient: New Visit

Attending must be physically present in the clinic. Every new patient must be seen by or discussed with an attending.

**Documentation:** Any of the 4 types of documentation.

#### Outpatient: Return Visit

Attending must be physically present in the clinic. Patients should be seen by or discussed with an attending at a frequency to ensure effective and appropriate treatment.

**Documentation:** Any of the 4 types of documentation. At a minimum, the attending's name must be documented.

#### Outpatient: Discharge

Attending will ensure that discharge from a clinic is appropriate.

**Documentation:** Any of the 4 types of documentation.

## **Surgery / OR Procedures**

Except in emergencies, attending must evaluate each patient pre-operatively.

**Documentation:** Attending must write a pre-procedural note describing findings, diagnosis, plan for treatment, and/or choice of procedure to be performed (may be done up to 30 days pre-op).

**Informed Consent** must be obtained according to policy. Attending level of involvement is documented in the VistA Surgical Package. Post-op documentation per JCAHO requirements and local medical center bylaws.

### **VistA Surgery Package Codes**

**Level A: Attending Doing the Operation.** Attending performs the case, but may be assisted by a resident.

**Level B: Attending in OR, Scrubbed.** Attending is physically present in OR or procedural room and directly involved in the procedure. The resident performs major portions of the procedure.

**Level C: Attending in OR, Not Scrubbed.** Attending is physically present in OR or procedural room observes and provides direction to resident.

**Level D: Attending in OR Suite, Immediately Available.** Attending is physically present in OR or procedural suite and immediately available for supervision or consultation as needed.

**Level E: Emergency Care.** Immediate care is necessary to preserve life or prevent serious impairment. Attending has been contacted.

**Level F: Non-OR Procedure.** Routine bedside or clinic procedure done in the OR. Attending is identified.

## **Consultations (Inpatient, Outpatient, Emergency Dept)**

Attending physician must supervise all consults performed by residents.

**Documentation:** Any of the 4 types of documentation; use of consult management package is highly encouraged.

## **Radiology/Pathology:**

**Documentation:** Reports related to reviews of patient material must be **verified** and **countersigned** by the radiology or pathology attending.

## **Emergency Department (ED):**

The ED attending must be physically present in the ED, and is the attending of record for all ED patients. The ED attending must be involved in the disposition of all ED patients.

**Documentation:** Any of the 4 types of documentation.

## **Routine Bedside & Clinic (Non-OR) Procedure (e.g., LPs, central lines, centeses)**

Setting-dependent supervision and documentation; principles of graduated responsibility apply.

**Documentation:** Resident writes procedure note that includes the attending's name. Any of the 4 types of documentation.

## **Non-routine, Non-bedside, Non-OR Procedure (e.g., cardiac cath, endoscopy, interventional radiology)**

The attending must authorize the procedure and be physically present in the procedural area.

**Documentation:** Any of the 4 types of documentation: attending's name and degree of involvement must be documented.

Reference: VHA Handbook 1400.1 Resident Supervision (May 3, 2004) [www.va.gov/vhapublications/](http://www.va.gov/vhapublications/)